

# I-Decisions Inc.

An Independent Review Organization  
5501 A Balcones Drive #264  
Austin, TX 78731  
Phone: (512) 394-8504  
Fax: (207) 470-1032  
Email: manager@i-decisions.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Sep/11/2012

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Individual psychotherapy 1 x a week for 6 weeks

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

M.D., Board Certified Psychiatry

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** The reviewer finds medical necessity is not indicated for Individual psychotherapy 1 x a week for 6 weeks.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines  
Utilization review determination dated 08/08/12, 08/20/12  
Behavioral health treatment request dated 08/03/12  
Reconsideration dated 08/13/12  
Initial behavioral medicine consultation dated 07/18/12  
MMI/Impairment rating dated 07/29/10  
Designated doctor evaluation dated 09/01/10  
Peer review dated 01/31/11

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was attacked by a dog and fell backwards. MMI/Impairment rating from 07/29/10 indicates that the patient reached MMI as of this date with 8% whole person impairment. Designated doctor evaluation dated 09/01/10 indicates that the patient reached MMI as of 09/01/10 with 0% whole person impairment. The report states that the patient was previously released to regular duty on xx/xx/xx. Peer review dated 01/31/11 indicates that treatment to date includes diagnostic testing and chiropractic treatment. Compensable injuries are soft tissue injuries to the right hand, neck, low back, left side and left leg that were described as sprain/strain contusion injuries. Injuries of this nature would typically resolve within weeks and/or months. The patient's pain complaints appear to be largely subjective. There does not appear to be any evidence to suggest that the patient requires any treatment as it pertains to the compensable injury, as he has no objective evidence of residual. Initial behavioral medicine consultation dated 07/18/12 indicates that current medications are Hydrocodone-acetaminophen, Aspirin and Lisinopril. BDI is 35 and BAI is 37. Diagnoses are major depressive disorder, single

episode, moderate; and pain disorder associated with both psychological factors and a general medical condition.

Initial request for individual psychotherapy 1 x week x 6 weeks was non-certified on 08/08/12 noting that per telephonic consultation with Dr., there is in fact no suicidal ideation noted in the evaluation and mention of that in the treatment section is in error, which also raises concerns about whether this is in fact an individualized treatment plan or just boilerplate.

Reconsideration dated 08/13/12 indicates that the patient has not participated in individual psychotherapy for his injury. He is able to work full time with restrictions, but still has trouble with acts of daily living.

The denial was upheld on appeal dated 08/20/12 noting that peer review dated 01/31/11 indicates that compensable injuries include soft tissue injuries to the right hand, neck, low back, left side and left leg. Injuries of this nature would typically resolve within weeks and/or months. It is unclear as to why they are continuing to persist in this particular case. There is no objective evidence that the patient has any residual that would be related to the compensable injury. No further treatment is recommended. There is no indication that the patient has undergone any psychometric testing with validity measures to assess the validity of the patient's subjective complaints.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

MMI/Impairment rating dated 07/29/10 indicates that this patient reached MMI as of this date with 8% whole person impairment. Designated doctor evaluation dated 09/01/10 indicates that the patient reached MMI as of 09/01/10 with 0% whole person impairment. The report states that the patient was previously released to regular duty on 05/14/10. Per peer review dated 01/31/11, compensable injuries are soft tissue injuries to the right hand, neck, low back, left side and left leg that were described as sprain/strain contusion injuries. Injuries of this nature would typically resolve within weeks and/or months. The patient has been diagnosed with major depressive disorder; however, there is no indication that the patient is currently taking any psychotropic medications. As noted by the previous reviewer, the patient has not undergone any psychological testing to validate his subjective complaints. The reviewer finds medical necessity is not indicated for Individual psychotherapy 1 x a week for 6 weeks.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE  
☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES  
☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES  
☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN  
☐ INTERQUAL CRITERIA  
☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS  
☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES  
☐ MILLIMAN CARE GUIDELINES  
☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES  
☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR  
☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS  
☐ TEXAS TACADA GUIDELINES  
☐ TMF SCREENING CRITERIA MANUAL  
☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)  
☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)